

NOV 14 2005

**CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)**Applicant(s): **Brian Carvill, et al**

Docket No.

**128553-1**

Application No.

**10/612,101**

Filing Date

**07/01/2003**

Examiner

**Michael L. Shippen**

Group Art Unit

**1621**Invention: **PROCESS FOR SYNTHESIS OF BISPHENOL**I hereby certify that this Amend Trans. (1 pg), Amendment (9 pgs), RCE (1 pg)

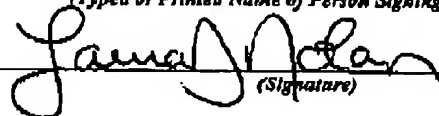
(Identify type of correspondence)

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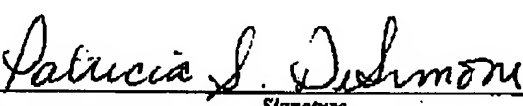

(Date)

Laura J. Nolan

(Typed or Printed Name of Person Signing Certificate)

  
(Signature)

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					<b>Docket No.</b> 128553-1	
Applicant(s): Brian Carvill, et al						
Application No. 10/612,101	Filing Date 07/01/2003	Examiner Michael L. Shuppen	Customer No. 43248	Group Art Unit 1621	Confirmation No. 3430	
Invention: <b>PROCESS FOR SYNTHESIS OF BISPHENOL</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	26 -	26 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	5 -	5 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>07-0893</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature			Dated: November 14, 2005			
Patricia S. DeSimone Reg. No. 48,137 (860) 286-2929			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on November 14, 2005 (Date)  Signature of Person Mailing Correspondence Laura J. Nolan Typed or Printed Name of Person Mailing Correspondence</p></div>			
cc:						

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